



State of Arizona
Naturopathic Physicians Medical Board
"Protecting the Public's Health"
1400 W. Washington, Ste 230 Phoenix, AZ 85007
Phone: (602) 542-8242 FAX: (602) 542-3093 www.aznd.gov

Application to **ENGAGE IN A PRECEPTORSHIP TRAINING PROGRAM** Must include the following

☐ **FOR INITIAL CERTIFICATE APPLICATION**

- ___ Money Order in the amount of **\$100.00** payable to the AZND Board
- ___ Money Order in the amount of **\$22.00** payable to DPS
- ___ Completed Fingerprint Card
- ___ One (1) passport-size photograph taken within the last 60 days with your signature on the back.
- ___ Citizenship /Alien Status Documentation Required State Law (A.R.S. § 1-501)

☐ **FOR RENEWAL OF CERTIFICATE**

- ___ Money Order in the amount of **\$225.00** payable to the AZND Board
- If post marked or received after expiration date, a late fee of \$113.00 is also required.**

APPLICANT INFORMATION

Name of Applicant: _____

Applicant Address: _____

City: _____, State: _____ Zip: _____ Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Social Security Number ____/____/____ Gender: [] Female [] Male

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License

Arizona Naturopathic Physicians Medical Board

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. **Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.**

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - Applicant's Name _____

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Evidence showing U.S. citizen or U.S. national status includes the following:

Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996,
- (2) A United States birth certificate
- (3) United States passport;

(4) A foreign passport with a United States visa.

(5) A United States citizenship and immigration services employment authorization document or refugee travel document.

See Arizona Revised Statutes § 41-1080 for a complete list

Are you a citizen or national of the United States? ☐ Yes ☐ No If you answered **yes**,

1) Attach a legible copy of a document from the attached list.

2) Name of Document _____

3) Go to section IV.

If you answered **No**, you must complete Section III and IV

SECTION III-ALIEN STATUS DECLARATION To be completed by applicants who are not citizens or nationals of the United States. Indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c)), Nonimmigrant Status (8 U.S.C. § 1621(a)(2)), Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3)), Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

SECTION IV - Declaration ALL APPLICANTS MUST COMPLETE THIS SECTION

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Signature of Applicant

MEDICAL COLLEGE INFORMATION [INITIAL APPLICANTS]

Medical School from which you graduated: _____

Date Graduated: _____ Transcript requested to be sent to AZND Board ____ Yes, ____ No

PRECEPTORSHIP INFORMATION

Name of Facility: _____

Facility Address: _____
Number & Street City State Zip

SUPERVISING PHYSICIAN: _____

Medical License No. _____

DESIGANTED SUPERVISING PHYSICIAN [IF APPLICABLE]: _____

Medical License No.: _____

CMO: _____ **Medical License No.:** _____

Answer the Following Questions

- A. Have you ever been charged with, arrested, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? [] Yes [] No
- B. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [] Yes [] No
- C. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? [] Yes [] No
- D. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? [] Yes [] No
- E. Do you have a complaint pending before any agency? [] Yes [] No
- F. Have you ever been found guilty of being medically incompetent? [] Yes [] No
- G. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? [] Yes [] No
- H. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? [] Yes [] No
- I. Do you currently have a complaint or open investigation in which you are involved? [] Yes [] No

****An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions. **
The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions A through I.***

I have READ and UNDERSTAND: 32-1561 and R4-18-108

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **being**

first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 200_____

Notary Public Signature _____

My Notary Commission expires _____

NOTARY NOT REQUIRED FOR RENEWALS

Office Use

<i>Received</i>	<i>Processed</i>	<i>Emailed</i>	<i>Agenda</i>
-----------------	------------------	----------------	---------------

**SUPERVISING PHYSICIAN'S VERIFICATION FORM
TO ALLOW A NATUROPATHIC MEDICAL STUDENT INTO A
PRECEPTORSHIP TRAINING PROGRAM IN NATUROPATHIC MEDICINE**

VERIFICATION OF SUPERVISING PHYSICIAN

- I AGREE TO BE THE SUPERVISING PHYSICIAN IN CONNECTION WITH THE ABOVE LISTED TRAINING FACILITY.
- IN THE EVENT THAT I WITHDRAW FROM SUPERVISING, I WILL IMMEDIATELY NOTIFY THE BOARD.
- IN THE EVENT I AM NOT AVAILABLE AS SUPERVISING PHYSICIAN, THE FOLLOWING HAS BEEN ASSIGNED AS A DESIGNATED AGENT. [If Applicable]

Supervising Physician's Designated agent: _____

Designated Agent's Arizona Physician's License Number: _____

Address of Designated Agent: _____

City, State, Zip: _____

• **I HAVE READ AND UNDERSTAND A.R.S. §32-1561.** B. If the application submitted pursuant to subsection A of this section is approved by the board, that person may engage in a board approved internship program, clinical fellowship or **preceptorship** program under the **direct supervision** (*Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.*) of a physician licensed under this chapter or by a physician licensed pursuant to chapter 13, 17 or 29 of this title. C. The board by rule may prescribe naturopathic medical treatment procedures that a person who is certified under this section may perform under the **direct supervision** (*Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.*) of a physician licensed under this chapter if the board determines that these procedures: 1. May be competently performed by the graduate. 2. Do not exceed the procedures that the supervising physician has been licensed by this state to perform. D. A person who is certified under this section may do clerical tasks without direct supervision if the tasks do not involve diagnosing or treating a patient's condition. E. If the supervising physician of a person who is certified under this section withdraws from direct supervision, the certificate to engage in the training program held by that person is automatically canceled. F. A person who is certified under this section shall not employ that person's supervising physician and shall not have any financial interest in any business owned by that person's supervising physician.

Furthermore I have **READ** and **UNDERSTAND R4-18-108** regarding the use of title An UNLICENSED graduate of a Board approved school of Naturopathic Medicine who is certified by the Board to engage in preceptorship training SHALL use the designation “**(PRECEPTEE)**” *after* any of the following designations, Doctor of Naturopathic Medicine, N.M.D., Doctor of Naturopathy, N.D. Naturopath, Naturopathic Physician, or Naturopathic Medical Doctor. The PRECEPTEE SHALL also ensure that any patient treated by the preceptee **SIGNS AN INFORMED CONSENT TREATMENT FORM STATING CLEARLY THAT THE PRECEPTEE IS UNDERGOING TRAINING, IS NOT LICENSED, AND IDENTIFYING THE NAME OF THE SUPERVISING PHYSICIAN. THE PRECEPTEE MUST NOT IN ANY WAY LEAD THE PUBLIC TO BELIEVE THAT HE OR SHE IS A LICENSED NATUROPATHIC PHYSICIAN.**

Signature of Supervising Physician: _____ Date _____